

PRINTED: 08/05/2010

FORM APPROVED

OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The findings include:</p> <p>1. Observation of residents' room 234 on 8/2/10, at 8:53 a.m., revealed the room's door was sticking to the door frame. National Fire Protection Association (NFPA) 80, 15-1.2</p> <p>2. Observation during the fire drill on 8/2/10, at 10:20 a.m., revealed residents' room 354 did not latch when closed. NFPA 80, 15-1.2</p>	K 018	<p>1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 80. 15-1.2 of the LIFE SAFETY CODE STANDARD. The doors to rooms 234, 354 and the fire door next to room 230 were adjusted to keep them from sticking to the door frame on 08/13/2010.</p> <p>2) The Environmental Services Director inspected each facility door to ensure it was not sticking on 08/13/2010.</p> <p>3) Environmental Services Director inserviced Maintenance staff regarding door operation and adding door inspection to their rounds on 08/12/2010. Environmental Services Director or Maintenance Assistant will perform weekly inspection of doors for eight weeks and make necessary corrections.</p> <p>4) Environmental Services Director or Executive Director will report occurrence and results of monthly inspections of doors to the interdisciplinary quality improvement committee for review and possible intervention.</p>	08/20/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ken Guehl**Executive Director*

08/20/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018	Continued From page 1 3. On 8/2/10, at 10:25 a.m., observation of the corridor's fire door located next to room 230 revealed the top of the door was sticking to the door frame. NFPA 80, 15-1.2 These findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10. NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the smoke barriers. The findings include: 1. Observation of residents' room 363 on 8/2/10, at 8:53 a.m., revealed a penetration around the sprinkler. National Fire Protection Association (NFPA) 101, 8.2.4.4.2 2. Observation of the therapy office on 8/2/10, at 9:21 a.m., revealed a penetration around the	K 018 OK		
K 025 SS=F		K 025 OK	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101, 8.2.4.4.2 of the LIFE SAFETY CODE STANDARD. The ceiling penetration around the sprinkler in room 363 was repaired on 08/12/2010. The ceiling penetration around the sprinkler in the therapy office was repaired on 08/12/2010. The ceiling penetration around the sprinkler in room 351's bathroom was repaired on 08/13/2010. 2) The Environmental Services Director inspected the facility for smoke barrier and fire barrier penetrations on 08/02/2010. 3) Environmental Services Director inserviced Maintenance staff and Floor Tech on fire and smoke barrier requirements including repair and reporting of issues on 08/12/2010. Environmental Services Director or Maintenance Assistant will perform weekly inspection of fire and smoke barriers for eight weeks and will inspect fire and smoke barriers following all contracted work to ensure NFPA 101 Life	08/20/10

PRINTED: 08/05/2010
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025	Continued From page 2 sprinkler. National Fire Protection Association (NFPA) 101, 8.2.4.4.2 3. Observation of residents' room 351 on 8/2/10, at 9:32 a.m., revealed a penetration around the bathroom's sprinkler. National Fire Protection Association (NFPA) 101, 8.2.4.4.2 These findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.	K 025	Safety Code compliance and will make any necessary corrections. 4) Environmental Services Director or Executive Director will report occurrence and results of inspections of fire and smoke barriers to the interdisciplinary quality improvement committee for review and possible intervention.		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exit access. The findings include: Observation of the laundry dryer room on 8/2/10, at 8:42 a.m., revealed the exit door was blocked with a cart. National Fire Protection Association (NFPA) 101, 7. 5.1.1 This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.	K 038	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD. The laundry cart was removed from in front of dryer room exit door on 08/02/2010. 2) The Environmental Services Director inspected facility doors to ensure they were not obstructed on 08/02/2010. 3) Environmental Services Director inserviced laundry staff regarding not obstructing exit doors on 08/17/2010. Environmental Services Director or Maintenance Assistant will perform weekly inspections for eight weeks to ensure exit doors are not obstructed. 4) Environmental Services Director or Executive Director will report occurrence and results of inspections of fire and smoke barriers to the interdisciplinary quality improvement committee for review and possible intervention.	08/20/10	
K 039 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4	K 039	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101,	08/20/10	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 039	Continued From page 3 feet. 19.2.3.3 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor clear of equipment in 3 of the 3 corridors. The findings include: Observations of the 100, 200, and 300 corridors on 8/2/10, at 8:40 a.m., revealed chairs, lifts, carts, and a bed were stored in the corridors. Further observations of the 100, 200, and 300 corridors at approximately 10:15 a.m., revealed the equipment remained in the corridor for more than 30 minutes. National Fire Protection Association (NFPA) 101, 19.2.3.3 This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.	K 039	19.2.3.3 LIFE SAFETY CODE STANDARD. Chairs, lifts, carts and bed were relocated on 08/02/2010. 2) The Environmental Services Director inspected the facility to ensure corridors were not obstructed on 08/02/2010, 08/03/2010 and 08/04/2010 making necessary corrections. 3) Environmental Services Director and Director of Nursing inserviced staff regarding ensuring corridors are not obstructed on 08/17/2010. Environmental Services Director or Maintenance Assistant will perform weekly inspection of corridors to ensure they are not obstructed for eight weeks. 4) Environmental Services Director or Executive Director will report occurrence and results of corridor inspections to the interdisciplinary quality improvement committee for review and possible intervention.		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.8.1.4	K 052	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD. The Environmental Services Director checked primary and secondary phone line on 08/02/2010. ADT fire monitoring company installed audible/visual signal at the west wing nurses station on 08/17/2010. ADT inspected and tested system on 08/17/2010. Biannual testing was performed on 08/17/2010		08/20/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 052	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, testing, and record review, it was determined the facility failed to maintain the fire alarm system. The findings include: 1. Observations and testing of the main fire alarm panel on 8/2/10, at 9:40 a.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at one of the Nurses' station fire alarm's annunciator panel. National Fire Protection Association (NFPA) 72, 1-5.4.6 2. Records review on 8/2/10, at 10:40 a.m., revealed the facility was unable to provide documentation that the smoke detector's sensitivity biannual test were conducted. NFPA 72, 10.4.4.2.2 These findings were acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 052 OK OK	2) Environmental Services Director inspected fire monitoring system on 08/02/2010. Environmental Services Director contacted support to add biannual testing of smoke detector's sensitivity to TELS preventive maintenance program on 08/13/2010. 3) Environmental Services Director and Maintenance Assistant will test of primary and secondary phone line weekly for eight weeks to ensure compliance make any necessary corrections. 4) Environmental Services Director or Executive Director will report occurrence and results of primary and secondary phone line checks to the interdisciplinary quality improvement committee for review and possible intervention.		
K 067 SS=F	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on record review it was determined the facility failed to maintain the heating, ventilating,	K 067	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD. The Environmental Services Director inspected the HVAC fire dampers on 08/02/2010 and 08/03/2010. 2) Environmental Services Director contacted Redd's Heating & Air and scheduled HVAC fire damper inspection which was completed on 08/13/2010 and 08/19/2010. Environmental Services		08/20/10

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 067	Continued From page 5 and air conditioning (HVAC) system. The findings include: Records review on 8/2/10 at 10:00 a.m., revealed the facility was unable to provide documentation that the HVAC fire dampers were inspected every 4 years. NFPA 90A, 3-4.7 This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10. NFPA 101 LIFE SAFETY CODE STANDARD	K 067	Director contacted support to add HVAC fire damper inspection to the biannual testing to the TELS preventive maintenance program on 08/13/2010. 3) Executive Director and Environmental Services Director scheduled 4 year fire damper inspection with Redd's Heating & Air and documented it in the preventive maintenance program. 4) Environmental Services Director or Executive Director will report occurrence and results schedule for next HVAC fire damper testing to the interdisciplinary quality improvement committee for review and possible intervention.		08/20/10
K 076 SS=F	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain an oxygen storage area. The findings include: Observation of the North shower area on 8/2/10, at 9:30 a.m., revealed a 25 gallon liquid oxygen tank stored in the room. The room must be	K 076			
		K 076	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD. The 25 gallon liquid oxygen tank was removed from the North shower area on 08/02/2010. 2) The Environmental Services Director inspected facility to ensure oxygen was properly stored on 08/02/2010. 3) Environmental Services Director inserviced staff regarding oxygen storage on 08/17/2010. Environmental Services Director and Maintenance Assistant will perform weekly facility rounds to monitor oxygen storage for eight weeks to ensure compliance. 4) Environmental Services Director or Executive Director will report occurrence		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2010
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076	Continued From page 6 enclosed by a one hour separation and must be vented to the outside. NFPA 99, 4.3.1.1.2 This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.	K 076	and results of weekly oxygen monitoring rounds to the interdisciplinary quality improvement committee for review and possible intervention.		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1. This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to provide a remote alarm for the emergency generator. The findings include: Interview with the Director Of Plants Operations on 8/2/10, at 8:50 a.m., revealed the facility failed to provide an annunciator panel with an audible alarm for the emergency generator. The panel must be located in a work site readily observable by the staff. National Fire Protection Association (NFPA) 110, 3-5.6.1 This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 8/2/10.	K 144	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD. Emergency generator was inspected by CSS Power on 08/11/2010 to provide quote for annunciator panel. 2) The Environmental Services Director inserviced staff regarding monitoring the emergency generator on 08/12/2010 and 08/17/2010. Annunciator panel installation ordered on 08/19/2010. 3) Environmental Services Director and Maintenance Assistant will perform daily inspection of emergency generator until annunciator panel is installed. Executive Director and Environmental Services Director will discuss status of emergency generator installation weekly until completed. Staff will be inserviced as to monitoring of emergency generator annunciator panel upon completion of installation. 4) Environmental Services Director or Executive Director will report status of annunciator panel installation and staff inservice to the interdisciplinary quality improvement committee for review and possible intervention.	08/19/10	